

A curriculum to improve hospital response to violence



“

Curriculum “Gewalt gegen Frauen und Kinder” – Opferschutz an Wiener Krankenanstalten – (Curriculum “Violence Against Women and Children” – Victim Protection in Vienna’s hospitals)

”

In brief

In Austria, the first port of call for most women victims of domestic violence is their hospital or other healthcare centre. To improve their response to the issue, the City of Vienna created a curriculum on how to deal with victims of domestic violence. It comprises five modules covering the forms and effects of violence against women and children, securing evidence, legal issues and victim protection groups.

The curriculum was delivered for the first time in Vienna's SMZ Ost hospital in 2001, and was later extended to five hospitals in all. Though it had to struggle to find enough time in the working day to deliver the curriculum, the project trained 880 healthcare workers, 70% of them nurses and the majority women. They were overwhelmingly positive about the benefits they gained. They expressed the wish that more doctors should also take the course.

Participants were given a handy pocket checklist listing 10 steps to take when dealing with a violence victim.

Victims turn first to health services

The Federal Act on Protection Against Domestic Violence entered into force in May 1997.[1] Since then several amendments to it have been adopted and in 2009 a comprehensive second violence protection law package was implemented.[2]

The state and its institutions acknowledge that violence against women and children is a public concern and provide means for concrete protection measures. The healthcare sector has increasingly been involved in the development of new intervention strategies in this field. Health workers play a key role in identifying early signs of violence and offering support to abused women and children. Women who have experienced violence and are suffering from injuries or health problems are much more likely to turn to an emergency room or to general practitioners than to a counselling centre, a women's shelter or the police. Healthcare professionals therefore have contacts with a large number of victims of domestic violence.[3] This is why in several provinces of Austria educational projects consisting of seminars, workshops and public information events for medical personnel have taken place in recent years.

To improve their response to the issue, the City of Vienna created a curriculum on how to deal with victims of domestic violence. The members of the consortium were the Vienna Women's Health Programme, the 24-Hour Women's Emergency Hotline of the Vienna Municipal Department of Women's Affairs (MA57), the Youth and Family Offices of Vienna (MA11) and Vienna Hospital Association (KAV).

A five-module curriculum

The curriculum was drafted on the basis of the results of an analysis of the status quo and comprises five modules:

- forms and effects of sexual and physical violence against women
- forms and effects of sexual and physical violence against children
- securing evidence and DNA analysis
- legal information
- implementation of “victim protection groups” at Vienna hospitals

There were four stages to its planning and implementation:

Phase 1: Establishment of the steering group, development of the education and training concept, staff survey, preparation of information material

Phase 2: Implementation of the training programme at two model hospitals, with 20 training units of 1.5 hours each

Phase 3: Revision of the education and training concept on the basis of an analysis of the results of phase 1: adjustment of the training structure

Phase 4: Implementation of the training courses on four of Vienna’s municipal hospitals

10 points to remember

A specific tool, that is a small pocket card, was prepared to provide health professionals with the following essential 10-point checklist:

- 1 | check injuries, time and place of incident, perpetrator
- 2 | mention reasons for your suspicion and offer support
- 3 | inform about planned examinations and action
- 4 | routine examination, securing of traces and collecting evidence
- 5 | treat as outpatient or inpatient depending on indication
- 6 | document all injuries – size, localisation, age, statements by the patient
- 7 | clarify risk level, safety issues, possible assistance within social environment
- 8 | refer to in-house specialist departments, psychologists, social workers
- 9 | contact e.g. Women’s Emergency Helpline, women’s refuges, police
- 10 | inform about victim protection agencies, hand out information material

The City of Vienna first launched its Violence against Women and Children curriculum in 2001 at the municipal hospital SMZ Ost with the aim of enhancing the sensitivity of health professionals in dealing with victims, by establishing victim-focused standards, ensuring adequate support and creating awareness and an effective response among providers in all the main hospitals in the city of Vienna.

The curriculum was implemented over a period of five years, and all training courses were held in the individual hospitals with an interdisciplinary and inter-professional audience. The appropriate time frame (four years of pilot projects) allowed important results to be achieved.

Besides the curriculum, the Vienna Hospital Association, the 24-Hour Women's Emergency Hotline, the Police and the Forensic Medicine Institute prepared a trace preservation kit that ensures uniform procedures in the preservation of evidence and was established as a treatment standard in hospitals of the City of Vienna when examining victims of sexual violence.

At the Danube Hospital a group of committed staff in the accident surgery department, as a direct response to the curriculum, founded a "victims' protection group", motivated by the example of the existing victims' protection group at Vienna Wilhelminen Hospital, which the curriculum presented as a good practice example.

During its first period of implementation (2001-2005), about 560 health professionals working in emergency departments, internal medicine, ophthalmology, dermatology, surgery, ENT, gynaecology and psychiatry were trained. At the end of the project a total of approximately 880 staff completed the Violence Against Women and Children training scheme in Vienna: 110 at Kaiser Franz Josef Hospital, 259 at Danube Hospital, 147 at Rudolfstiftung Hospital, 57 at Hietzing Hospital, and 200 at Vienna General Hospital. The advanced workshop on use of the trace preservation kit was attended by 110 staff of Kaiser Franz Josef Hospital, Wilhelminen Hospital and Danube Hospital. In all three hospitals, a definite trend was that more women than men took part in the training scheme, with nurses accounting for the largest occupational group: around 70% of participants worked as nurses, 15% were physicians and 15% came from other groups.

**Diagnose:**

Schnittwunden am Brustbein,
stumpfes Bauchtrauma,
Prellung des Stirn- und
Nasenbeins, Hüftprellung

Angabe der Patientin:

im Haus über die Stiege
gefallen

**Die Zeichen der Gewalt
erkennen, denn Gewalt
gegen Frauen bleibt viel zu
oft im Verborgenen.**

Diagnosis:

*Cuts across the sternum,
abdominal injury caused by blunt
object, bruised face (frontonasial
contusion), bruised hip.*

Statement by the patient:

*Fell down a flight of stairs at
home.*

***Be alert to the signs of abuse,
because far too often abuse of
women remains in the dark.***

Violence against women and children as an issue to be confronted in health care was visualised during the 2001 Project Weeks by placing life-size figures in the lobbies of outpatient centres located in the participating hospitals.

After the pilot project had been completed in all the hospitals of the City of Vienna, the hospitals of the Vienna Hospital Association agreed to offer internal training events on victim protection for their staff at regular intervals, modelled on the curriculum. This is an important step in creating sustainable support for staff in their key role with regard to early detection of domestic violence. Nowadays, permanent interdisciplinary groups on domestic violence have been set up in all of Vienna's hospitals, including gynaecology and emergency departments. The cooperation between hospitals and extramural institutions has greatly improved within the Vienna-wide network of the groups on domestic violence, the Vienna Women's Health Programme and the 24-Hour Women's Emergency Hotline of the City of Vienna.

Satisfied participants

The Vienna Hospital Association conducted an anonymous post-training survey among the curriculum participants at two hospitals. The feedback showed that participants were particularly satisfied of the training course with regard to the

C H E C K L I S T E BEI GEWALT GEGEN FRAUEN

Erheben	Verletzungen, Tatzeitpunkt, Ort, Verursacher
Ansprechen	Verdacht begründen und unterstützende Angebote machen
Aufklären	über geplante Untersuchungen und Interventionen
Untersuchen	Routineabklärung, Spurenabnahme und Beweismaterial sichern
Behandeln	ambulant oder diagnostisch indiziert stationär
Dokumentieren	aller Verletzungen – Größe, Lokalisation, Alter, Angaben des Patienten
Abklären	Gefahrensituation, Sicherheit, Hilfe durch soziales Umfeld
Überweisen	hausinterne Fachabteilungen, PsychologInnen, SozialarbeiterInnen
Kontaktieren	z. B. Frauennotruf, Frauenhäuser, Polizei
Informieren	über Opferschutzeinrichtungen, Infomaterial mitgeben

WICHTIGE NUMMERN

► **Frauennotruf der Stadt Wien (0-24 Uhr)**

☎ (01) 71 71 9

Krisenintervention rund um die Uhr, telefonische und persönliche Beratung und Betreuung von Frauen und Mädchen, Begleitungen zu Polizei, Spital, Gericht; Information über extramurale Beratungsstellen

► **Wr. Frauenhäuser (0-24 Uhr)**

☎ (01) 545 48 00, ☎ (01) 408 38 80,

☎ (01) 202 55 00, ☎ (01) 743 12 90

Übernachtungsmöglichkeit rund um die Uhr für Frauen und ihren Kindern bei Beziehungsgewalt

► **Institut für gerichtliche Medizin**

 (01) 4277-657 38 (Labor)

 (01) 4277-657 50 (Journal)

Rückfragen zur spurenkundlichen Untersuchung bzw. Materialtransport an die Gerichtsmedizin

presentation of the subject matter as well as its practicability. Three months after the training, they said that the know-how they had acquired was very useful in their daily work and that the information materials provided were of great help. Many of them said they were interested in further training events on domestic violence, in developing better links among departments as well as other institutions and more active participation by physicians.

Two improvements could have been made: external evaluation of the results would have enhanced the curriculum's potential for transfer, and the formalisation of agreements among all the institutions participating in the training would have enhanced its sustainability over time.

Victim protection groups made mandatory

The project's efficiency was guaranteed through a low-cost-approach: existing staff were activated as trainers: employees of the City of Vienna, of the women's shelter association, of the Vienna Federal Police and of the University Institute of Forensic Medicine trained the hospital staff. Its sustainability has been ensured by the Vienna Women's Health Programme and by the involvement, since its start, of the City Councillors for Health, Women, and Children/Youth. More broadly, in January 2012 a federal law on mandatory children' and victims' protection groups in Austrian hospitals has entered into force.[4]

These groups should contribute to the early detection of domestic violence and raise hospital staff's awareness of violence against women and children, thus contributing to the sustainability of similar actions in the future.

The curriculum has long-term effects and the global approach adopted was to move from a preliminary analysis of the specific training needs of health personnel to the design of a training curriculum and the implementation of training activities. It has made hospital staff aware of domestic violence. Post-training questionnaires indicate that the training was considered by participants as a good opportunity to enhance their knowledge and skills in dealing with victims.

A basis for better prevention

The practice was effective in terms of the number of trained professionals, thus increasing the detection of early warning signals and ensuring that domestic violence victims receive immediate and specialised support. It also produced an impact on the wider environment through the involvement of health institutions on the topic of domestic violence, and by increasing the coordination amongst agencies that support victims.

The elements that work particularly well are improving responses to victims of domestic violence through early detection, establishing treatment standards, streamlining internal communication processes, defining an emergency treatment plan, communicating know-how to extramural assistance resources and establishing victims' protection groups in hospitals.

These successes were achieved on a basis of close multiagency cooperation among healthcare institutions, abuse intervention centres, women's shelters, police and welfare offices; an appropriate length and time frame; and the provision of both training materials and a checklist for early warning signals.

A particularly difficult obstacle the project faced was the rigid time constraints that health workers are under. A great deal of effort was necessary to fit the training agenda inside their working hours. Also, the mixed top-down strategy adopted to involve the hospital staff was successful but very costly in terms of time and energy.

The Viennese training programme was the first in Austria to sensitise hospital staff. Many other cities followed the Viennese example.

The lessons learned from the process are that:

The development of the curriculum and the establishment of a capacity-building process was particularly important in improving the response of the health sector.

The multi-sector collaboration generated through the curriculum development process presented provide a good basis for strengthening prevention as well as providing assistance and care to those who are already in situations of violence.

Although the training programme has been implemented with the support of all hospital directors in a top-down strategy, finally sustainability depends on the personal commitment of individual staff members.

[1] Logar 2005

[2] Initiated by Women's Minister Johanna Dohnal in close cooperation with Caspar Einem, Minister of the Interior, an interministerial working group was convoked, composed of staff of women's shelters, police officers, judges and lawyers and resulting in the Federal Act on Protection Against Domestic Violence. (Federal Chancellery – Federal Minister for Women and Civil Service 2008, 12ff.)

[3] Federal Chancellery – Federal Minister for Women and Civil Service 2008, 121

[4] 69th Federal Law: Change of the Federal Law on Hospitals and Convalescent Homes, § 8e, Children's and Victims' Protection Groups

Contacts/Further Information

Contacts

Beate Wimmer-Puchinger, Prof. PhD and Alexandra Grasl, MA

Vienna Women's Health Programme – Municipal Department 15

Thomas-Klestil-Platz 8/2

1030 Vienna

Austria

+43 1 4000 - 87 167

beate.wimmer-puchinger@wien.gv.at / alexandra.grasl@wien.gv.at

Barbara Michalek, MA and Martina Sommer, MA

24-Hour Women's Emergency Hotline

Vienna Municipal Department of Women's Affairs – MA 57

1082 Vienna

Austria

barbara.michalek@wien.gv.at / martina.sommer@wien.gv.at

Further information

Good practice website



NB image copyright

Image from curriculum brochure at: <http://www.frauengesundheit-wien.at/export/sites/fsw/diesie/downloads/br...>

Photo: PID/Votava

Downloads



Curriculum Violence Against Women and Children - Gender training - Austria

EN (PDF, 517.07 KB)

Metadata

TOOL: Competence development